

6-10-02

3727

PTO/SB/21 (6-98)

†

Please type a plus sign (+) inside this box → ☐Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/581,956	
	Filing Date	06/16/2000	
	First Named Inventor	Glenn Robert Beale	
	Group Art Unit	3727	
	Examiner Name	Lien M. Ngo	
Total Number of Pages in This Submission		Attorney Docket Number	WDUMR-003US

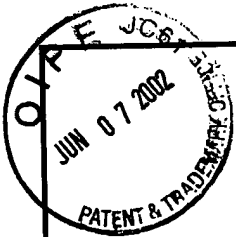
ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69 and Accompanying Petition)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Return receipt postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
REMARKS:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Lowell Anderson STETINA BRUNDA GARRED & BRUCKER
Signature	<i>Lowell Anderson</i>
Date	6/7/02

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 6/7/02			
Typed or printed name	Kristin West Lowell Anderson	Date	6/7/02
Signature	<i>Lowell Anderson</i>		

† SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231

RECEIVED
JUN 19 2002
TECHNOLOGY CENTER R&D/69Express
Express Mail EV 12427214245



ATTORNEY DOCKET: WDUMR-003US

Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10

- ☐ I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231
- ☒ I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, Express Mail No. EV 124272142 US addressed to:
Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

on June 7, 2002
(Date)

Kristin West

Signature

Kristin West

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. Transmittal;
2. Response to Office Action (8 pages);
3. Petition for Extension of Time;
4. Check for \$460.00; and
5. Return Receipt Postcard

RECEIVED
JUN 19 2002
TECHNOLOGY CENTER R3700